

NON-PROVISIONAL
UTILITY PATENT APPLICATION
TRANSMITTAL - 37 CFR 1.53(b)

[] Duplicate
(check, if applicable)

MAIL STOP PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.: 8567-592U2 (P-0275)
First Named Inventor: Paul H. Norton
Express Mail Label No.: EV343986875US
Total Pages of Transmittal Form: 2

19270 U.S. PTO
10/727868



Transmitted herewith for filing is the non-provisional utility patent application entitled:

SYRINGE SAFETY DEVICE

which is:

an [] Original; or

a [X] Continuation, [] Divisional, or [] Continuation-in-part (CIP) of prior Non-Provisional Patent Application No. 10/011,262 ("the parent application") filed November 7, 2001.
Anticipated Group/Art Unit: 3763.

[X] This and the parent application are based on Provisional Patent Application No. 60/246,635, filed November 8, 2000.

Enclosed are:

[X] Specification (including Abstract) and claims: 15 pages.

[X] 5 sheets of drawings (formal).

[] Application Data Sheet.

[] Newly executed/unexecuted Declaration (original/copy).

[X] Copy of Declaration from the parent application.

[] Separate Power of Attorney (including 37 CFR 3.73(b) statement, if applicable).

[] Microfiche computer program (Appendix).

[] Nucleotide and/or Amino Acid Sequence Submission, including:

[] Computer readable copy [] Paper Copy [] Verified Statement.

[] Under PTO-1595 Cover Sheet, an assignment of the invention

[X] Name of Assignee: **West Pharmaceutical Services, Inc.**

[] Certified copy(ies) of Application No(s). filed is/are filed:
[] herewith or [] in prior application .

[] Applicant(s), by its/their undersigned attorney, claim(s) Small Entity Status under 37 C.F.R. §1.27 as [] an Independent Inventor, or [] a Small Business Concern, or [] a Non-Profit Organization.

[X] Preliminary Remarks.

[X] Information Disclosure Statement, PTO/SB/08A, and cited references.

[] Request for Nonpublication of Application Under 35 U.S.C. §122(b)

[] Other:

The filing fee is calculated as follows:

			SMALL ENTITY		LARGE ENTITY	
CLAIMS	NO. FILED	NO. EXTRA	BASIC FEE: \$385.00		BASIC FEE: \$770.00	
Total	14 - 20 =	0	X9	\$	OR	X18 \$ 0.00
Independent	1 - 3 =	0	X43	\$	OR	X86 \$ 0.00
[] Multiple Dependent Claims Present			\$145	\$	OR	\$290 \$
			TOTAL	\$	OR	TOTAL \$ 770.00

[] The commissioner is not authorized to charge the filing fee at this time as we elect to defer payment of the entire filing fee until receipt of a Notice to File Missing Parts.

[X] A check in the amount of **\$770.00** to cover the filing fee is enclosed.

[X] The Commissioner is hereby authorized to charge and/or credit **Deposit Account No. 50-1017 (Billing No. 208567.0646)** as noted below. A duplicate copy of this sheet is enclosed.

[X] Any overpayments or deficiencies in the above-calculated fee.

[] Filing fee in the amount of \$ _____ as calculated above.

[X] Any additional fees required under 37 C.F.R. § 1.16 and § 1.17.

[X] In the event that a Petition for Extension of Time is required during the prosecution of this application, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account noted above.

CORRESPONDENCE ADDRESS

PAUL H. NORTON *et al.*

December 4, 2003
(Date)

By: 

MARTIN G. BELISARIO

Registration No. 32,886

AKIN GUMP STRAUSS HAUER & FELD LLP

One Commerce Square

2005 Market Street, Suite 2200

Philadelphia, PA 19103-7013

Telephone: 215-965-1200

Direct Dial: 215-965-1303

Facsimile: 215-965-1210

E-Mail: mbelisario@akingump.com

[X] Customer Number or Bar Code Label: **000570**

MGB/DJB:ccr

Enclosures